



Phlebotomy Program Application Packet  
Full Time Days – 6 Weeks

# Phlebotomy Program

## Application Packet

Phlebotomists are employed in blood banks, hospitals, clinics and other medical facilities drawing blood from patients in preparation for medical testing. The program focuses on the skills and knowledge necessary to gain employment as a Phlebotomy Technician in a healthcare facility.

The healthcare field is a growing industry, and being a part of that field includes caring for people and their health. Phlebotomy can also be the first step as a health care professional.

Upon successful completion of the Phlebotomy Technician program, students will be prepared to sit for the required examination before the National Healthcare Association and begin the search for employment within the industry.

Our course curriculum includes textbook lecture and in-depth instruction in the following areas:

- Necessary skills required to perform venipuncture
- Safety and infection control
- Patient communication and education
- Law and ethics
- Transitioning from Student to Employee

<b>PROGRAM LENGTH</b>	165 Hours
<b>PROGRAM HOURS</b>	Day Program Monday – Thursday: 8:00 am – 4:00 pm Night Program Monday – Thursday: 6:00 pm – 10:00 pm Clinical hours vary and may include Saturdays
<b>PROGRAM LOCATION</b>	Lively Technical College Health Education Department, Building 15 500 North Appleyard Drive Tallahassee, FL 32304 (850) 487-7449 (Clinical locations vary)

**During these times, guidance and regulations around mandatory COVID-19 vaccines continue to change. As a clinical requirement, some of our contracted healthcare facilities may be authorized under law to require specific vaccinations. Lively Technical College is committed to closely monitoring the situation in order to communicate changes and requirements to students in a timely manner. However, by applying for a health education program that has clinicals as a requirement for completion of the program, students must acknowledge that they may be required to obtain a COVID-19 vaccine at any point in the program to be in compliance with the clinical site requirements. Students must acknowledge that failure to be in compliance with the COVID-19 vaccine may result in withdrawal from the program.**

*The Leon County School District does not discriminate against any person on the basis of sex (including transgender status, gender nonconforming, and gender identity), marital status, sexual orientation, race, religion, ethnicity, national origin, age, color, pregnancy, disability, military status, or genetic information.*

## **GENERAL REQUIREMENTS**

Applicants seeking admission to the Phlebotomy Program must:

- Be at least 18 years of age at projected time of program completion.
- Have a high school diploma or equivalent.
- Pass random drug screenings throughout the program. Students with positive drug screen results will be withdrawn from the program.
- Eligible for dual enrollment.

To apply for acceptance into the Phlebotomy Program students must:

1. Complete the **Lively Student Online Application**. (This application is required for all Lively students) This application can be completed at: [www.livelytech.com](http://www.livelytech.com)
2. Complete the **Phlebotomy Application Packet (see below)**

The Phlebotomy Application Packet must include:

- **Health Education Student Information Sheet**. A printed copy must be submitted with the application packet.
- **Writing Sample**
- **Three current reference letters:**
  - Two professional references (recent employers, former teachers, counselors, etc.)
  - One personal reference (may not be family member)
- **Student Health Assessment Form** signed by a healthcare provider.  
Submit with the application packet.
- **Receipt of payment for a Level 2 criminal background to Leon County Schools.**  
This must be completed prior to submitting the application, at the student's expense\*. In order to participate in the mandatory clinical practicum, as well as to obtain licensure, students must have a clear background.
- **Vaccination Acknowledgement**

***\*No refunds will be issued.***

## **HEALTH REQUIREMENTS**

Applicants are required to complete a Student Health Assessment Record by a Healthcare Provider (not more than 6 months old). If, after acceptance, a student's health status changes, further documentation may be required stating the student is physically able to continue the program. As stated on the Student Health Assessment Form, applicants are required to provide proof of the following current immunizations:

- Tetanus, within the past 10 years (Td or Tdap)
- MMR x2 (given on or after the applicant's first birthday). Official documentation of immunity is also acceptable.
- Hepatitis B series.
- Varivax x2 - Official documentation of immunity is also acceptable.
- PPD/Tuberculin skin test within past 12 months. *PPD/Tuberculin skin testing is valid for one (1) year from date of administration. Students will be required to maintain current PPD/Tuberculin skin testing throughout the duration of*

*the program. Students who test positive for tuberculosis must show proof of a negative chest x-ray taken within the past five years to satisfy this requirement.*

- Seasonal Flu Vaccine (August-March).

## **ORIENTATION**

After being accepted into the LTC Phlebotomy Program, applicants will be notified about attending a mandatory orientation. The date(s) and time(s) of this meeting will be given to all accepted students within their acceptance letter. For further information, please contact the Health Education Department at 850-487-7449.

## **CRIMINAL BACKGROUND CHECK**

All applicants must undergo a Level 2 criminal background through Leon County Schools. In order to participate in the mandatory clinical practicum, as well as to obtain licensure, students must have a clear background. The cost is \$61.00.

## **DRUG SCREENING**

**Drug screening is not required prior to admission into the program.** However, all students must submit to and *pass* two random drug screenings after entering the Phlebotomy Program and prior to having access to the clinical health care facilities utilized in the Program. This is a Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requirement demanded of all acute care facilities in Florida. Students who do not pass a random drug screening will be withdrawn from the program.

## **DISABILITY SUPPORT SERVICES**

If you have question regarding adult students with disabilities and accommodations, please contact LTC Student Services located in Building 9 or at 850-487-7473.

## **ACCEPTANCE INTO PROGRAM / REGISTRATION**

Lively Technical accepts applicants into all Health Education programs on a rolling admission basis. As we receive applications, potential students are scheduled for an interview with the Health Education Director or their assignee. Once an applicant has completed the interview, they will be notified of their admission status. Accepted applicants will be given an acceptance letter, which will allow them to register for the program they have applied to. Lively Tech Health Education programs may be closed prior to the posted application deadline date once that program has reached capacity. **Questions regarding the application process should be directed to Ms. Yolanda Graham, Student Services, 850-487-7457 or email address [grahamy@leonschools.net](mailto:grahamy@leonschools.net).**

## **UNIFORMS**

Upon acceptance Students are expected to wear the specified program uniform (Dark/Smoke Gray) whenever they are in the classroom, clinical simulation or clinical facility. Therefore, you must have your scrubs by the first day of class. Uniforms may be purchased in the Lively Technical College Bookstore in Building 8. Questions regarding proper attire and uniforms should be directed to the Health Education Program Director at 850-487-7443.

**Late and/or incomplete packets will not be considered**

The Florida Board of Nursing is responsible for protecting the public. In carrying out this responsibility, the Board of Nursing reserves the right to deny licensure to anyone who has been convicted of a crime other than minor traffic violations. Pursuant to Section 456.0635, Florida Statutes, the Florida Board of Nursing shall refuse to issue a license, certification or registration and shall refuse to admit a candidate for examination if the applicant has been:

- Convicted or plead guilty or nolo contendere (no Contest) to a felony violation regardless of adjudication of chapters 409, 817 or 893, Florida Statutes; or 21 U.S.C. ss. 801- 970 or 42 U.S.S. ss 1395-1396, unless the sentence and any probation or pleas ended more than 15 years prior to the application.
- Terminated for cause from Florida Medicaid Program (unless the applicant has been in good standing for the most recent five years).
- Terminated for cause by any other State Medicaid Program or the Medicare Program (unless the termination was at least 20 years prior to the date of the application and the applicant has been in good standing with the program for the most recent five years).

**ENROLLMENT IN LIVELY TECH'S PHLEBOTOMY PROGRAM APPLICATION CHECKLIST**

**COMPLETE THE LIVELY STUDENT ONLINE APPLICATION**

Apply at [www.livelytech.com](http://www.livelytech.com)

**MEET WITH STUDENT SERVICES ADVISOR**

Must bring:

Two proofs of Florida Residency

Official transcripts for High School/College/GED

For copy of GED go to [www.myged.com](http://www.myged.com)

Complete the **Phlebotomy Application Packet**. The Phlebotomy Application Packet must include:

**HEALTH EDUCATION STUDENT INFORMATION SHEET**

**WRITING SAMPLE**

**STUDENT HEALTH ASSESSMENT RECORD**

**THREE CURRENT REFERENCE LETTERS:**

Two professional references (recent employers, former teachers, counselors, etc.)

One personal reference (may not be family member)

**RECEIPT OF PAYMENT FOR A LEVEL 2 CRIMINAL BACKGROUND TO LEON COUNTY SCHOOL**

**VACCINATION ACKNOWLEDGEMENT**



# Lively Health Education Student Information Sheet

## PERSONAL INFORMATION

Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone# \_\_\_\_\_

## EDUCATION

High School \_\_\_\_\_ City/State \_\_\_\_\_

Highest grade completed \_\_\_\_\_ Year \_\_\_\_\_ Choose one:  High School Diploma  GED

Previous Nursing School \_\_\_\_\_ City/State \_\_\_\_\_

College \_\_\_\_\_ Degree awarded \_\_\_\_\_ City/State \_\_\_\_\_

Military \_\_\_\_\_

Education as Certified Nursing Assistant, Patient Care Assistant, Patient Care Technician or Medical Assistant

Name of School \_\_\_\_\_

Certification Awarded  Yes  No Date the Certificate Awarded \_\_\_\_\_  
*Proof required at time of application.*

## EMPLOYMENT RECORD

Present \_\_\_\_\_ Title/Position \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Previous \_\_\_\_\_ Title/Position \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Previous \_\_\_\_\_ Title/Position \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

**The information on this application is true and factual.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Completed required enrollment application to Lively Tech.** **Advisor Initials:** \_\_\_\_\_







# Student Health Assessment Record

**THIS FORM MUST BE COMPLETED BY YOUR HEALTH CARE PROVIDER.** Any falsification of this record will result in immediate dismissal from the program (if accepted).

NAME (please print): \_\_\_\_\_  
Last First MI

DATE OF BIRTH: \_\_\_\_\_ Male Female

1. **MMR** (Need proof of two MMR vaccines or one mumps, two measles, and one rubella. Any person born before 1/1/57 will need proof of rubella immunization or positive titer.)  
 Date of MMR #1: \_\_\_\_\_ Date of MMR #2: \_\_\_\_\_  
**OR**  
**Antibody titers:**  
 Mumps titer date: \_\_\_\_\_ Results:  Immunity  Not immune  
 Rubeola titer date: \_\_\_\_\_ Results:  Immunity  Not immune  
 Rubella titer date: \_\_\_\_\_ Results:  Immunity  Not immune  
 If not immune, will require MMR x2.

2. **Tetanus** (Td or Tdap with the last ten years): Date: \_\_\_\_\_

3. **Hepatitis B series:**  
 \_\_\_\_\_  
 Hepatitis B #1 date Hepatitis B #2 date Hepatitis B #3 date  
**OR**  
 Antibody titer date: \_\_\_\_\_ Results:  Immunity  Not immune

4. **Varicella:** History of having Chicken Pox is not accepted.  
 Date of 1<sup>st</sup> dose: \_\_\_\_\_ Date of 2<sup>nd</sup> Dose: \_\_\_\_\_  
**OR**  
 Varicella titer date: \_\_\_\_\_ Results: \_\_\_\_\_ (Lab value)

5. **PPD** (TB Skin Test): Date taken: \_\_\_\_\_  
 Results: \_\_\_\_\_ Positive \_\_\_\_\_ Negative  
**Chest x-ray, if positive PPD:** Date: \_\_\_\_\_ Results: \_\_\_\_\_

6. **Seasonal Flu Vaccine:** Date of Vaccine: \_\_\_\_\_ Injection Site: \_\_\_\_\_  
 (August-March) Lot Number Expiration: \_\_\_\_\_ Examiner's Initials: \_\_\_\_\_

Verified by:

\_\_\_\_\_  
Name of Physician's Office/Health Center

\_\_\_\_\_  
Healthcare Provider Signature

\_\_\_\_\_  
Address of Office

\_\_\_\_\_  
Date

## LEVEL 2 BACKGROUND SCREENING INSTRUCTIONS

Level 2 screening standards (Fingerprints) return criminal history results on arrests (including juvenile) nationwide. Under Florida Statute 1012, persons with specified access require level 2 screening. Offences outlined in Florida State Statute 435.04 (crimes of moral turpitude) can be disqualifying when persons have been found guilty of or entered a plea of nolo contendere (no contest).

### Instructions:

1. Go to the Fingerprinting Office at the **Leon County Schools District main office, located at 2757 W. Pensacola St., Building 1** (to the right of the main district office). The hours for the Fingerprinting Office are: Monday-Friday, 8:00 am-5:00 pm - Take this form with you.
2. Submit payment for screening. Payment can be via credit card or money order.
3. Obtain a receipt for the screening.

*Submit the receipt of the background screening along with the Health Education program application.*

If your background screening does not come back "clear," you will be notified. Additional information may be required.



### LEVEL 2 Background Screening Request Form

The following individual needs to obtain a Level 2 Background Screening, per Florida Statute 1012:

**IMPORTANT:**  
The ORI number for the screening is V37020031

### PLEASE PRINT

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVER LICENSE NUMBER: \_\_\_\_\_ PHONE: \_\_\_\_\_

The above individual will be at Lively Technical College/Externship/Clinical Site for the following purpose:  
\_\_ Student

Entity/Individual from Lively Technical College making this request: Lively Administration

Please submit print results to:

**ATTENTION:**  
Shelly Bell, CTE Director  
Lively Technical College  
500 North Appleyard Drive, Tallahassee, Florida 32304 Fax: 850.487.7478  
*Any questions regarding this request, should be directed to  
Student Services at 850-487-7457 or email [grahamy@leonschools.net](mailto:grahamy@leonschools.net)*



## Vaccination Acknowledgement Form

I am a student of one of the following programs: (please circle appropriate program):

Medical Assisting

Nursing Assistant

Patient Care Technician

Phlebotomy

Practical Nursing

During these times, guidance and regulations around mandatory vaccines continue to change. As a clinical requirement, some of our contracted healthcare facilities may be authorized under law to require specific vaccinations. We are committed to closely monitoring the situation in order to communicate these changes to you in a timely manner.

By signing this agreement, I hereby acknowledge that I may be required to obtain a COVID vaccine at any point in the program to be in compliance with my clinical site requirements. I acknowledge that failure to be in compliance may result in withdrawal from my program.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness Signature